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EFS ID:

11550

Application ID:

09681753

METHOD AND SYSTEM TO

Title of Invention:

CONDUCT A COMBINATORIAL

HIGH THROUGHPUT SCREENING

EXPERIMENT

First Named Inventor:

James Cawse

Domestic/Foreign Application:

Domestic Application

Filing Date:

null

Effective Receipt Date:

2001-05-31

Submission Type:

Utility Patent Filing

Filing Type:

new-utility

Confirmation Number:

0

Attorney Docket Number:

RD-28169

Digital Certificate Holder:

cn=Noreen C. Johnson, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

Certificate Message Digest:

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Total Fees Authorized:

\$962.0

Payment Category:

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Deposit Account Number:

70868

Deposit Account Name:

Noreen C. Johnson

TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number:

RD-28169

METHOD AND SYSTEM TO CONDUCT A COMBINATORIAL HIGH THROUGHPUT SCREENING EXPERIMENT

First Named Inventor: James Norman Cawse

SUBMITTED BY

Name:

Noreen C. Johnson

Registration Number:

38,929

Electronic Signature Mark: NCJ

Date Signed: 20010531

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal

JohnsonRD-28169apds.xml

fee-transmittal

JohnsonRD-28169fee.xml

specification

RD28169.xml

declaration

Dec1.tif

declaration

Dec2.tif

Attached Image File(s):

Dec1.tif

Dec2.tif

Comments:

Docket I **DECLARATION FOR PATENT APPLICATION RD-28** As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. | believe | am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plu names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD AND SYSTEM TO CONDUCT A COMBINATORIAL HIGH THROUGHPUT SCREENING **EXPERIMENT** the specification of which is attached hereto unless the following box is checked: as United States Application Number or PCT International Application Number and was amended on (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, a by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regu §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) fc inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate have date before that of the application on which priority is claimed. **Priority Claime** Prior Foreign Application Yes (Day/Month/Year Filed) (Country) (Number) (Country) (Day/Month/Year Filed) (Number) _______ I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below. (Filing Date) (Application Number) (Filing Date) (Application Number) t hereby claim the benefit under Title 35, United States Code §120 of any United States Application(s) listed below and, in the subject matter of each of the claims of this application is not disclosed in the prior United States application in the mann provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which i material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filin the prior application and the national or PCT international filing date of this application. (Filing Date) (Application Number) (Status - patented, pending, aband (Status - patented, pending, aban-(Filing Date) (Application Number) I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, CUSTOMER NO. 006147. (518) 387-7863 Address all telephone calls to: Noreen C. Johnson at telephone number

Address all correspondence to: General Electric Company

Docket
RD-2

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information ar belief are believed to be true and further that these statements were made with the knowledge that willful false statements are the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code as that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name: James Norman Cawse Figulation Signature: Pittsfield, MA City and State Post Office Address: 132 Kittredge Road, Pittsfield, MA 01201 SECOND JOINT INVENTOR: Full name: Date City and State Post Office Address: City and State	SOLE OR FIRS					
Residence: Pittsfield, MA Citizenship: USA City and State Post Office Address: 132 Kittredge Road, Pittsfield, MA 01201 SECOND JOINT INVENTOR: First Name Middle Name Last Name Signature: Date Post Office Address: City and State	Full name: _ <u>J</u>		an Cawse	Middle Neme	I ast Name	
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FEE TRANSMITTAL

Electronic Version 1.0.4 Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 962

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number:

07-0868

Deposit Account Name:

General Electric Company-CRD

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name:

Noreen C. Johnson

Electronic Signature Mark:

NCJ

Date Signed:

20010531

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid	
Utility Filing Fee	101	\$ 710	

Subtotal For Basic Filing Fee: \$ 710

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 34	103	\$ 18	14	\$ 252
Independent Claims: 2	102	\$ 80	0	\$ 0

Subtotal For Extra Claims Fees: \$ 252